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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/583,181-Conf. #7851
	Filing Date	April 23, 2007
	First Named Inventor	Gianfranco D'Amato
	Art Unit	3782
	Examiner Name	Not Yet Assigned
Attorney Docket Number	03810/0211512-US0	

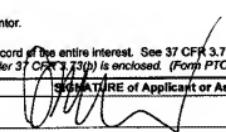
I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with Customer Number: **OR** Firm or Individual Name: Address: City: Country: State: Zip: Telephone: Email:

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature: Name: Date: Telephone:

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of forms are submitted.